

10ª SESSÃO CIENTÍFICA DA DIRECÇÃO CLÍNICA

# Patient-centered care

## Desafios e Oportunidades

**Serviço de Medicina Interna**  
**Outubro 2020**



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# *Patient-centered care*

- Introdução e relevância do tema;
- Atributos definidores;
- Evidência:
  - Resultados clínicos;
  - Resultados de satisfação do doente e qualidade de vida;
  - Redução de custos;
- Desafios à implementação;
- Oportunidades à implementação;
- Papel da Medicina Interna;
- Considerações finais.



## PATIENT-CENTERED CARE



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# *Patient-centered care: introdução e relevância do tema*

- Formato desejável de se prestar cuidados de saúde;
- Conceito apresentado nos anos 50 por Michael Balint e mais bem definido nas décadas de 80 e 90 pelo Picker Institute;
- Institute of Medicine em 2001:
  - Inclui o PCC como **uma das 6 medidas que definem a qualidade em saúde**, em parceria com a segurança, efectividade, equidade, prestação de cuidados atempada e eficiência;



***“care that is respectful of and responsive to individual patient preferences, needs, and values.” - IOM***

- Conceito multidimensional que tem em linha de conta as perspectivas psicológicas, psicossociais e físicas dos doentes;
- Inclui ainda aspectos como literacia em saúde, informação e envolvimento do doente e familiares/cuidadores no processo de cuidados e *patient empowerment*;

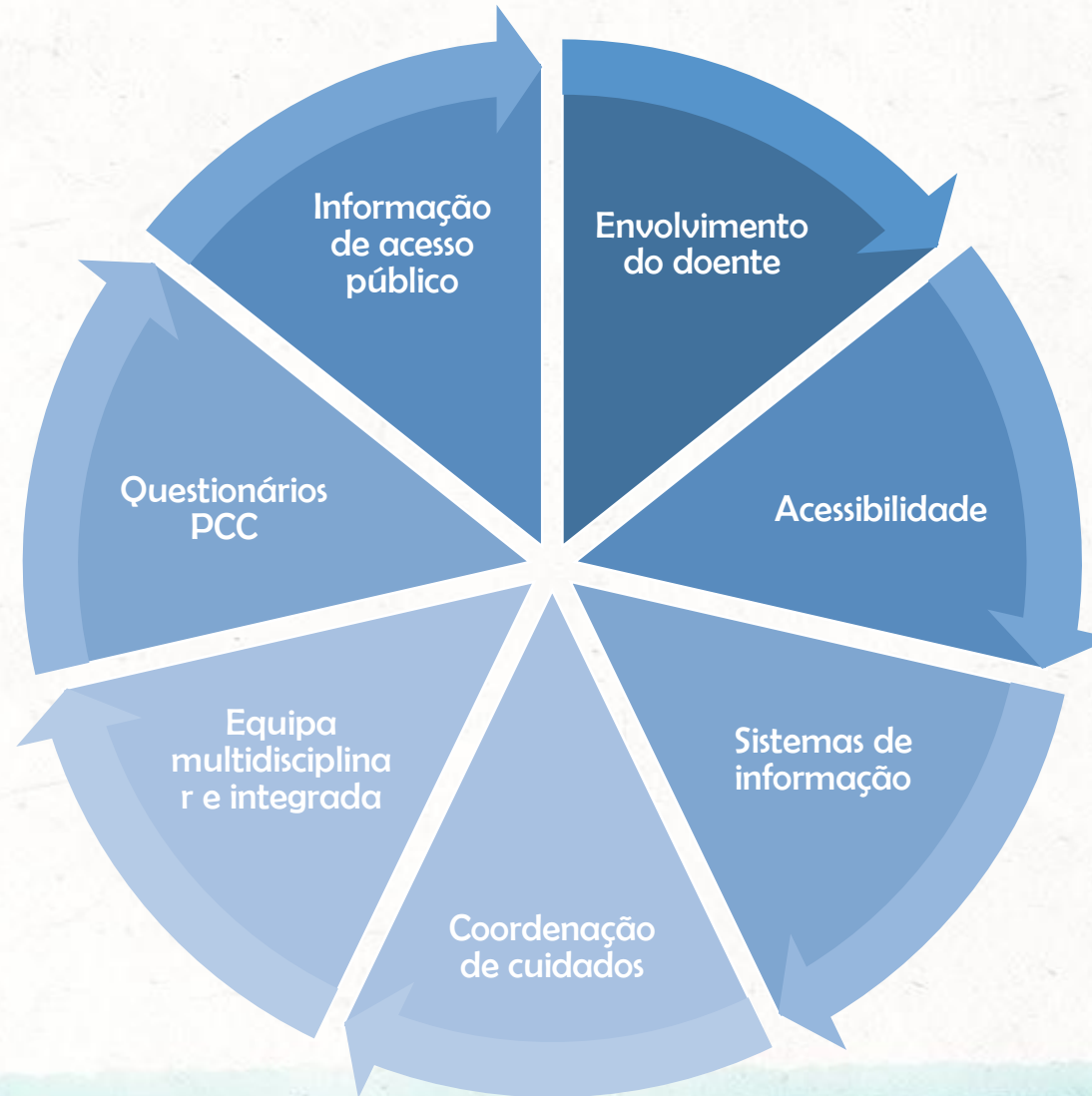


“

***“Nothing about me without me”***

- Berwick, 2005

## *Patient-centered care: atributos definidores*





# *Patient-centered care: porquê que é importante?*

***“PCC results in improved care processes and health outcomes, including survival.”*** -Greene et al, 2012

- Melhoria observada em *outcomes* clínicos (melhoria do controlo glicémico, morte a 1 ano pós-EAM, etc)
- Melhoria dos processos, satisfação do doente e prestadores;
- Melhoria da relação médico-doente (menor tendência para processos legais, menos MCDT):

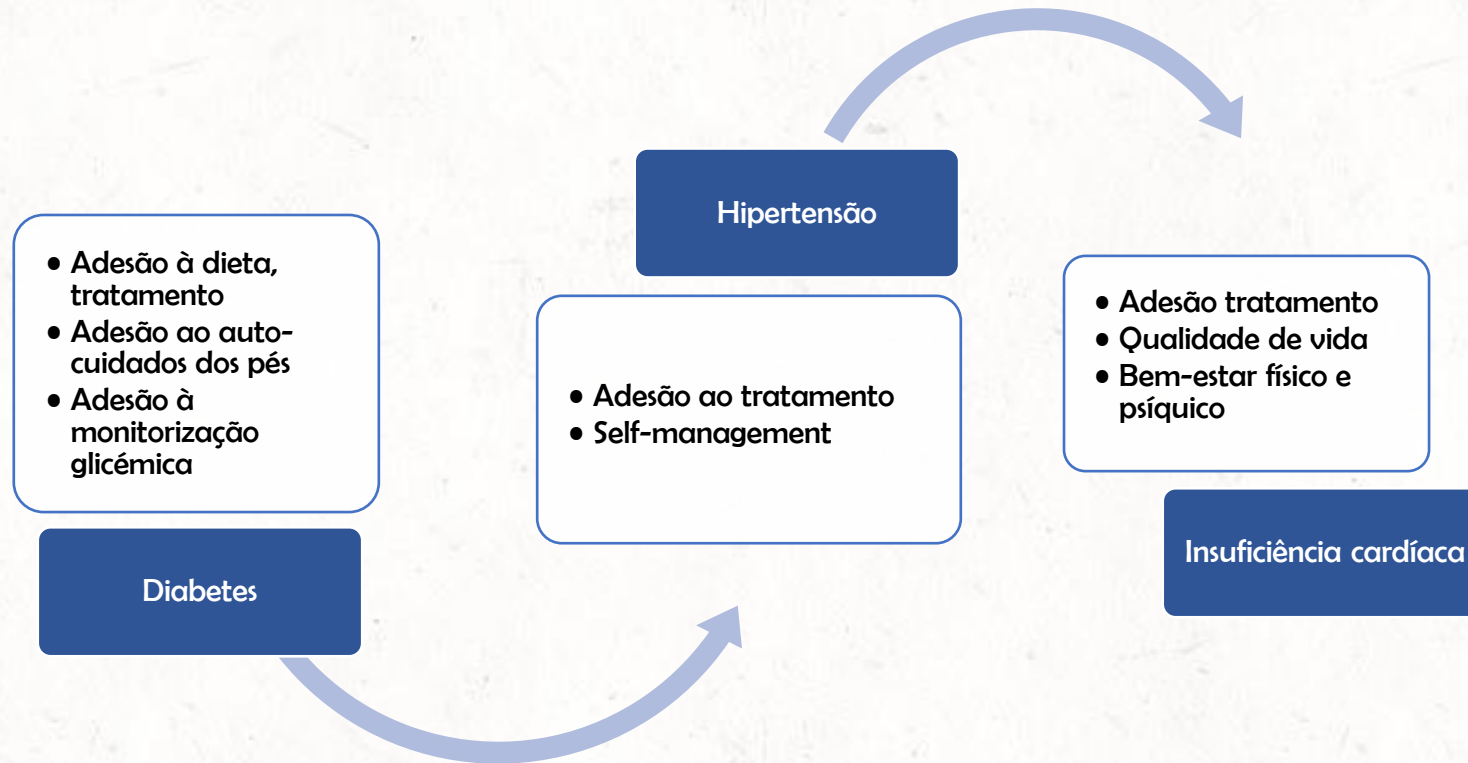
# *Patient-centered care: resultados clínicos*

***“...Results found mixed relationships between PCC and clinical outcomes, that is, some studies found significant relationships between specific elements of PCC and outcomes but others found no relationship...” -***

Rathert et al, 2013.

- A melhoria de *outcomes* clínicos com esta abordagem não é consistente, contudo varia muito com o que se está a medir;
- Para além disso, será pertinente medir *outcomes* clínicos quando se trata de prestar cuidados de forma integrada e holística, respeitando as preferências e valores dos doentes?
- Não se demonstrou também que uma abordagem PCC tenha piores *outcomes*.

# *Patient-centered care:* envolvimento, satisfação e qualidade de vida





## *Patient-centered care: redução de custos*

**Table 3. Descriptive Statistics for Medical Resource Use and Charges (n = 509)**

	Below Median Patient-Centered Care (n = 254)		Equal or Above Median Patient-Centered Care (n = 255)	
	Mean (SD)	Median (Range)	Mean (SD)	Median (Range)
Type of visits				
Primary care	3.64 (2.94)	3.00 (1–24.00)	3.66 (3.38)	3.00 (1–24.00)
Specialty care	2.94 (4.50)	1.00 (0–26.00)	2.22 (4.06)	0.00 (0–21.00)
Emergency department	0.35 (0.98)	0.00 (0–8.00)	0.22 (0.65)	0.00 (0–4.00)
Hospitalizations	0.25 (0.75)	0.00 (0–6.00)	0.11 (0.42)	0.00 (0–3.00)
Diagnostic services	10.42 (11.86)	7.00 (0–90.00)	7.42 (9.63)	5.00 (0–89.00)
Type of charges (\$)				
Primary care	338.18 (267.00)	274.00 (0–1,893.10)	322.34 (312.37)	222.50 (0–2,017.00)
Specialty care	646.37 (1,758.88)	128.00 (0–16,528.10)	329.41 (746.67)	0.00 (0–6,168.00)
Emergency department	550.93 (1,913.96)	0.00 (0–18,782.50)	256.35 (846.09)	0.00 (0–6,596.50)
Hospitalizations	5,360.35 (22,566.23)	0.00 (0–194,958.50)	2,547.00 (11,266.65)	0.00 (0–123,446.00)
Diagnostic services	1,413.30 (2,311.54)	532.00 (0–23,190.50)	886.30 (1,368.26)	390.50 (0–10,645.50)
Total charges	8,308.32 (24,811.19)	1,435.00 (49.5–203,234.50)	4,341.40 (12,575.57)	948.00 (0–134,788.50)

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*"When we want your opinion,  
we'll give it to you."*

# *Patient-centered care: como implementar?*

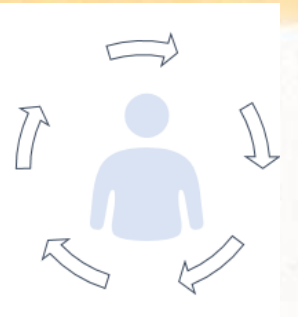


Table 1. Dimensions and attributions of a patient-centered health care system		
Interpersonal dimension (relationship)	Clinical dimension (provision of care)	Structural dimension (system features)
<b>Communication</b> Begins with listening Creates a fabric of trust Promotes clear, empathic communication, tailored to patients' needs and abilities Welcomes participation of family, friends, and caregivers	<b>Clinical decision support</b> Ensures shared decision making on the basis of best-available evidence coupled with patient preferences Supports self-management	<b>Built environment</b> Provides calm, welcoming space Accommodates patient, clinician, and family needs Emphasizes easy "way-finding" and navigation through the system
<b>Knowing the patient</b> Uses knowledge of patient as a whole and unique person for effective interactions Finds common ground on the basis of patient preferences Facilitates healing relationships	<b>Coordination and continuity</b> Manages care transitions and seamless flow of information—whether for a broken arm or life-altering illness Coordinates with community resources	<b>Access to care</b> Eases appointment-making process Minimizes clinic wait times Payment system accommodates patients' circumstances Coordinated, consistent, efficient
<b>Importance of teams</b> Ensures responsiveness by entire care team to patient and family needs Recognizes that actions of both clinicians and staff can influence perceptions of care	<b>Types of encounters</b> Accommodates virtual visits (phone, e-mail) as well as in-office visits Reimbursement structure supports range of encounters that meet patients' varied needs	<b>Information technology</b> Supports patient and clinician before, during, and after encounters Tracks patients' preferences, values, and needs dynamically Provides self-management tools and information

# *Patient-centered care: implementação*



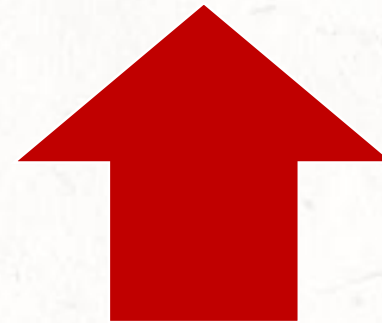
## Facilitadores

- Liderança assertiva
- Clara visão estratégica organizacional
- Envolvimento do paciente e família
- Satisfação dos prestadores
- Capacitação do *staff*
- Incentivos



## Obstáculos

- Déficit recursos humanos
- Déficit de treino
- Carga horária e pressão do tempo
- Infraestruturas
- Atitudes do *staff*
- Atitudes e prioridades organizacionais





# *Patient-centered care: como implementar?*

Table 2. Patient-centered changes made at Group Health Cooperative by related dimensions	
Patient-centered feature	Related dimension
Online self-management program introduced to accommodate growing demand for peer-support workshop for individuals who could not attend in-person version of workshop	Clinical
Previsit outreach to patients by medical assistants to ensure that encounter focuses on most important problem, and that patients bring relevant history and medications to visits	Clinical
Direct access to specialty care clinicians	Clinical
Secure e-mail access to clinician for virtual visit	Clinical
Smartphone “app” to give patients mobile access to their medical record, ability to reach their clinician or 24/7 nurse service, find locations, check symptoms, and view wait times for laboratory and pharmacy services	Clinical
Regular surveys of patient experience, with feedback to individual clinicians and comparative data across facilities	Interpersonal
Communication training for new clinicians, and retraining as needed on the basis of patient ratings of clinician communication	Interpersonal
Patient-centeredness training for nurses caring for complex, chronically ill patients	Interpersonal
Electronic medical record tracks patient preference for “what I’d like to be called”	Structural
Integrated electronic medical record and participation in regional “Care Everywhere” program to promote continuity and coordination within and outside of Group Health system	Structural
Way-finding signs and maps improved following ethnographic study of how patients see and interpret signage in facilities	Structural
New clinic designed with input from patients to improve flow, decrease wait times, and colocate frequent services	Structural
Billing statements modified following input from patients about unclear elements	Structural
Design of new clinics included patients as part of the team with clinicians, nurses, technicians, and architects to collaboratively address “the ideal patient experience”	Structural

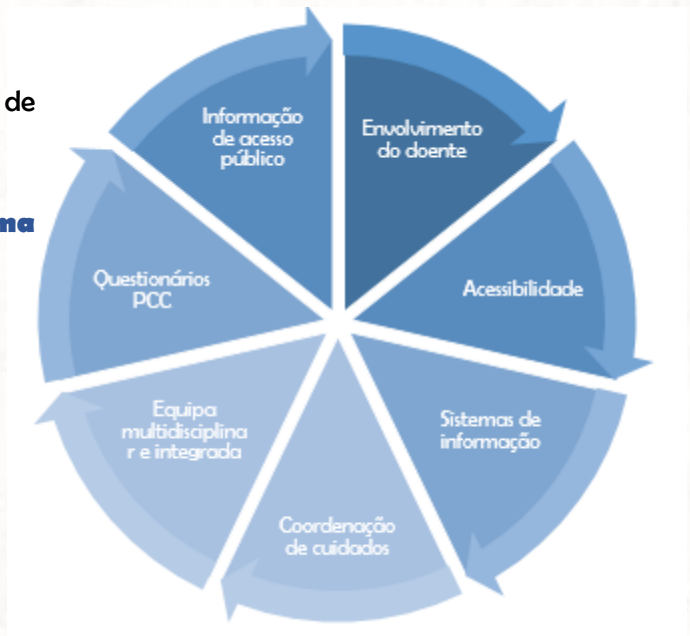
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# *Patient-centered care: desafios à implementação*

- Recursos das organizações sociais e de saúde (financeiras, humanas e materiais);
  - Papel da elevada prevalência de doenças crónicas e respectiva complexidade dos doentes, enquadrável no envelhecimento populacional;
  - Pressão adicional das organizações que acabam por direccionar os seus recursos de forma orientada e reactiva de forma a evitar a perda de recursos – “cuidados urgência-cêntricos”;
  - As organizações tentam assim implementar os pilares do PCC num ambiente de escassez de recursos.
- Para uma bem sucedida implementação de PCC é fundamental **identificar e abordar os determinantes do PCC** em todos os níveis e tipos de cuidados:
  - Individual (traços de personalidade, atitudes e capacidades – prestadores);
  - Organizacional (objectivos, cultura e recursos da instituição);
  - Sistema de saúde (regulamentação dos direitos dos doentes, participação da sociedade civil e vontade política – políticas de saúde)
- **Papel fundamental do nível organizacional enquanto mediador entre os indivíduos, prestadores e o sistema de saúde.**
- Interligação dos níveis de cuidado dentro de uma mesma organização – ex. do SESARAM.





# *Patient-centered care: oportunidades à implementação*

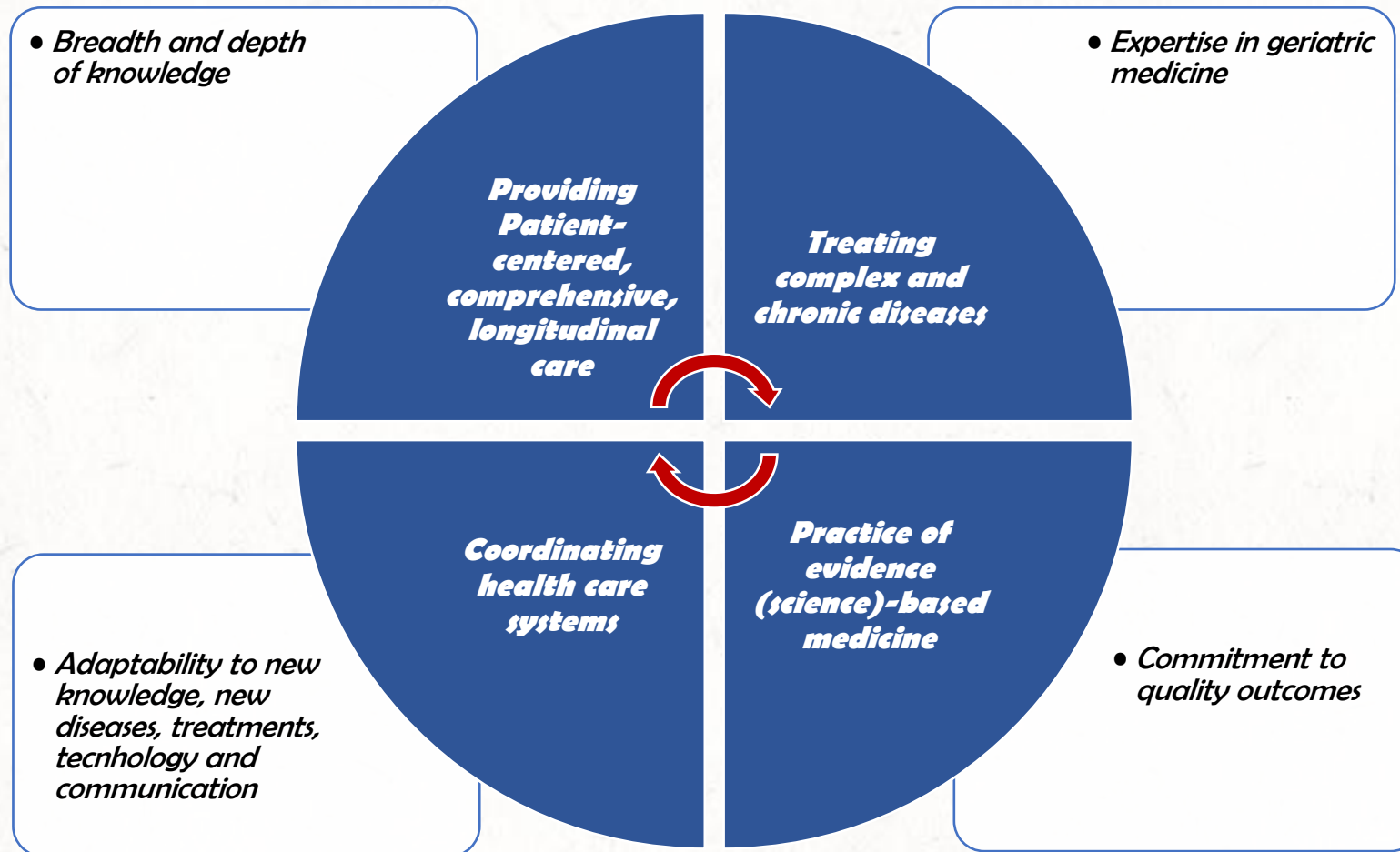
- Demografia actual pede um **novo paradigma na prestação de cuidados;**
  - Ambulatorização (hospitais de dia, consulta do dia, hospitalização domiciliária);
  - Gestores de casos complexos;
  - *Value-based health*;
- *Branding* das instituições;
  - Melhoria da satisfação dos utentes e dos profissionais;
  - Onda das *apps*;
- Redução de custos;
  - Como vimos estratégias baseadas em PCC permitem reduzir exames desnecessários, polifarmácia, consultas e internamentos;
  - Telemedicina: consultas telefónicas, contactos por email;





***O meu conflito de interesses***

# *Patient-centered care: o papel da Medicina Interna*





# *Patient-centered care: o papel da Medicina Interna*

Privilegiar ambulatorização de cuidados

**Hospitais de dia multidisciplinares**

Co-gestão do doente cirúrgico com melhores *outcomes*

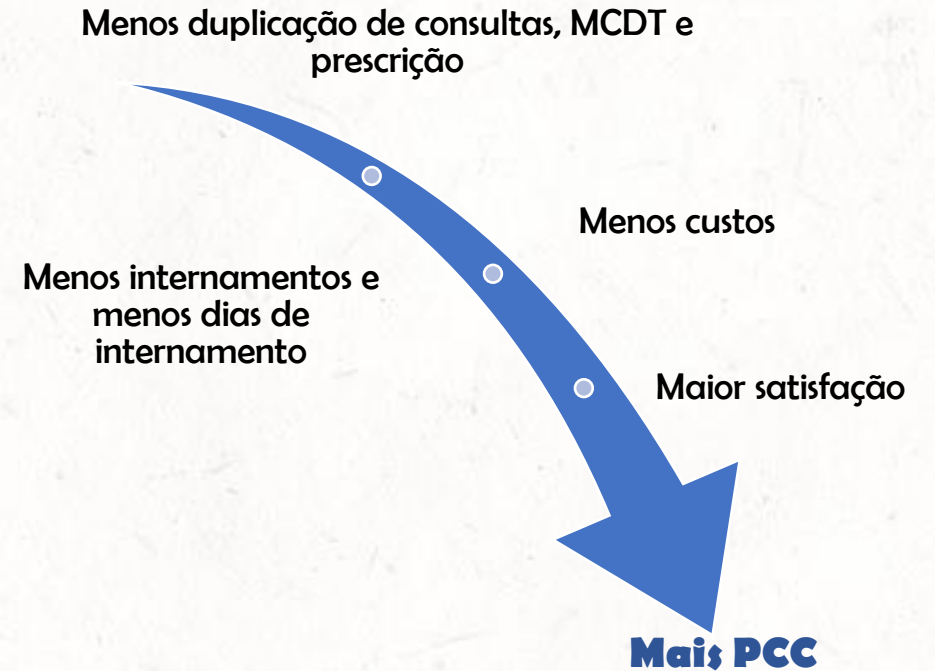
**Co-gestão de doentes**

Medicina Interna e MGF como aliadas primordiais no PCC

**Estratégia concertada com CSP**

Articulação entre especialidades

**Gestores de casos**



## *Patient-centered care: mensagens-chave*

- O PCC constitui um dos pilares de uma prestação de cuidados de saúde com **qualidade e segurança**;
- Engloba as **diversas vertentes biopsicossociais do doente**, privilegiando as preferências, necessidades e valores pessoais;
- O PCC tem resultados neutros ou positivos na melhoria de *outcomes* clínicos, mas permite **reduzir a utilização de recursos, aumentar a qualidade e segurança dos cuidados e melhorar a satisfação e qualidade de vida dos doentes**;
- É fundamental **identificar as atuais lacunas** na forma como prestamos cuidados de saúde, **ouvir os utentes e estabelecer medidas que permitam ultrapassar os desafios** à implementação deste tipo de cuidados;
- Atendendo às suas especificidades, a **Medicina Interna é a especialidade mais indicada para coordenar um modelo de cuidados PCC**, em parceria com a Medicina Geral e Familiar nos CSP.

“

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